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PUERPERAL CONVULSIONS.

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Few diseases are the occasion of more anxiety to the physician than puerperal convulsions. They are frightful, and they are dangerous. One fourth of all the cases terminate fatally, and, in a large proportion of them, the children are born dead. Occasioning, as they do, great alarm and terror among friends and attendants, there is the greater need of coolness and sound judgment on the part of the physician.

Seven cases have occurred in my own practice, four of which were with first children, and two of which terminated fatally. I will give an abstract of these cases, and add the results of my own experience with regard to treatment.

CASE I.—Miss C., aged 20; unmarried; first labor. Having arrived at the full term of pregnancy, she was found one morning in convulsions. She went to bed in good health, the night previous, and it was not known when or how the convulsions began. I saw her about 7, A.M.; labor had commenced; there were distinct uterine contractions, and the os uteri had begun to dilate. The convulsions continued at irregular intervals, the patient, all the while, being entirely unconscious. The pulse was rapid, the head hot, and the face swollen and flushed. The child being dead, as soon as the mouth of the womb was sufficiently dilated, the head was perforated, and delivery effected, though with much difficulty. No improvement took place in the woman: the convulsions continued, and she died early the next morning, twenty hours from the time of my first visit.

This woman was bled freely; the bowels were evacuated by mercurial purgatives, aided by enemata. Cold was applied to the head, and a solution of tartarized antimony was administered internally. All treatment, however, was apparently of no effect.

CASE II.—Mrs. W., aged 18; first labor. The labor commenced in the evening, and went on favorably till 9, A.M., of the fol-

lowing day, when, after very slight headache, convulsions occurred. At first, consciousness returned between the fits; but after the fourth convolution, the patient remained unconscious. During one of the fits, the jaw was dislocated; reduction was readily effected. Delivery took place about noon, during the sixth convolution. Extreme restlessness followed the completion of labor, so that she was with difficulty kept in bed. In the course of an hour the restlessness ceased, and there was another convolution. After this, there were, alternately, a fit and an attack of extreme restlessness. The pulse was rapid, and the skin was very hot. There was entire unconsciousness.

The treatment, thus far, had consisted in venesection, leeches to the temples, iced water to the head, and the administration of a solution of tartarized antimony. The convulsions, however, increasing in severity, Dr. Walter Channing was called in consultation. By his advice, ten grains of calomel, mixed with powdered sugar, were immediately given, and the inhalation of sulphuric ether was commenced. The ether seemed to quiet the patient, and to increase the length of the interval between the fits. In an hour after the etherization began, a very violent convolution occurred, which was succeeded by an increased rapidity and feebleness of the pulse. This, the last convolution, took place at 7, P.M. A drachm of assafœtida, with thirty drops of laudanum, was now given as an injection, and retained. Our patient immediately became more calm, lay more quietly, and breathed more easily. In three hours, she again became restless, and another injection of assafœtida and laudanum was given. She passed a quiet night. The next day, consciousness began to return, and she ultimately recovered.

Eight years afterward, Mrs. W. became again pregnant, and was delivered, at full time, with no untoward complication.

CASE III.—Mrs. W., aged 28; second labor. After her first confinement, which took place in another town, two years previously, Mrs. W. suffered for many weeks with severe nervous symptoms, supposed to result from cerebral or spinal irritation. Her present labor was natural and easy; during its continuance she was under the influence of chloroform. Severe after-pains followed. Seven hours after the completion of labor, she was suddenly seized with pain in the back. This pain increased, and ascended to the head; gradually the whole head became affected. The pain was severe, accompanied by heat and throbbing. Three hours after, she had a violent convolution. This passed off in a few minutes, and consciousness returned. She was left, however, exceedingly prostrated, with a rapid and feeble pulse. In the course of an hour, there was another convolution, which was cut short by the inhaling of chloroform. Another convolution soon followed, which was cut short in a similar manner. Each convolution increased the prostration, and, after the third, she was left insensible, and

apparently moribund. Her extremities became cold, the pulse could hardly be felt at the wrist, there was entire unconsciousness, and her friends stood around her bed, expecting every moment that she would breathe her last. From this state, she, after a time, revived; consciousness returned; she took nourishment and gained some strength; and I became sanguine that she would recover. The improvement, however, was but temporary; she lingered several days, and finally died with pneumonia.

This patient was bled when first taken with the pain in the back, and before the occurrence of the convulsions. Her bowels were moved by physic, aided by enemata, and she inhaled chloroform. The chloroform acted very favorably; it checked the convulsive action in a few seconds. But the convulsions had a depressive effect, such as I never saw in any other case. I have no doubt that our patient would have sunk at once, had they not been cut short by the chloroform; and I have little doubt that she would have recovered, had the chloroform been given at the beginning of the first convolution.

**CASE IV.**—Mrs. P., second labor. In this case there was nothing peculiar about the labor, except a difficulty in delivering the membranes. The placenta reached the os externum readily, but was kept there by the retention of the membranes; a portion of them was eventually left in the uterus. The patient was very comfortable till the third day after delivery, when she had headache and feverish symptoms, preceded by chills. There was no abdominal tenderness, and no evidence of any inflammation about the uterus. These symptoms continued, with occasionally slight delirium, till the forenoon of the sixth day, when, having been left alone a few minutes, she greatly astonished her friends by her sudden appearance in the kitchen. On the afternoon of that day, she was taken with convulsions. These continued during the day and evening. In the intervals between them, she recovered her consciousness, but was excited and delirious. She slept a little during the night, and the next day was better; she still, however, complained of bad feelings in the head; she had a sensation as though she were sinking through the floor, or the ceiling were falling upon her. She gradually recovered. Nothing was ever seen of the membranes; she had after-pains during the day after confinement, which probably expelled them.

Venesection was employed to a small amount; the bowels were moved by physic; enemata of assafetida were administered; and she was etherized. She also took valerian, and other antispasmodics, with opiates. The ether and antispasmodic medicines quieted her; the remedies, however, did not have a very marked effect, one way or the other.

**CASE V.**—Mrs. S., a young woman; first labor. On the morning of the 18th of August, the membranes ruptured, and labor-pains commenced. Immediately after, headache began, and con-

tinued with noise in the ears, but without heat of head or flushing of face. At 4, P.M., a convulsion occurred; in half an hour, there was a second. Meanwhile the labor-pains were strong, and the head of the child was descending into the cavity of the pelvis. The os uteri was rather rigid, but was slowly dilating.

The patient was immediately put under the influence of ether, and the convulsions ceased. The labor advanced, the os uteri rapidly dilated, and at midnight delivery was accomplished.

After the birth of the child, the ether was discontinued, and its effects were passing off, when another convulsion occurred. In a few hours, there was still another. In both cases, the convulsions were checked by the ether; and the nurse was directed to administer it forthwith, if any of the premonitory symptoms of another attack manifested themselves. An enema of assafœtida was ordered, and a teaspoonful of the fluid extract of valerian, every four hours.

Several times, in the course of the three following days, symptoms, portending a convulsion, such as pain and confusion in the head with dimness of vision, began to manifest themselves, but they were at once controlled by the ether.

At the end of a week, all bad symptoms had passed away, and our patient was as well as is usual with parturient women, at that time after confinement.

**CASE VI.**—Mrs. M., a middle-aged woman; third labor. At noon of the 28th of August, at the full term of pregnancy, after having had for two days pain in the head, dimness of vision, ringing in the ears, and restless nights, our patient was taken with convulsions. I saw her soon after. Her consciousness had partially returned, but she had a wild staring look, and her ideas were confused. Her head was hot, her face was flushed and swollen, and her pulse was rapid and full. She complained of headache, and of her tongue, which had been bitten during the paroxysm. There were no signs of labor. She was bled thirty ounces; and, as soon as she could swallow, took a full dose of infusion of senna.

At 4, P.M., she had another convulsion, worse than the first. When her consciousness returned, she still complained of headache, and also of pain in the epigastrium. The physic not having operated, she took another dose of senna and an enema of assafœtida.

Another convulsion at 7, P.M. Labor-pains commencing; pain in head and epigastrium not relieved; pulse 120, and strong; bowels had been moved. Six leeches were applied to the head, and ether was administered freely by inhalation. Labor progressed, and the child was born at midnight. The ether, of which a large amount was consumed, had but little effect in deadening the labor-pains, and the patient retained her consciousness; but there were no more convulsions. She afterward did well.

The child was with difficulty resuscitated; fifteen or twenty minutes elapsed before it cried freely.

What the precise effect of the ether was, in this case, it is not easy to say. The convulsions ceased as soon as labor commenced. The ether began to be freely administered about the same time, but had little apparent effect, neither producing unconsciousness nor relieving the suffering from the labor-pains. Possibly it expended its power in suspending the convulsions.

In Mrs. M.'s previous labors, there had been nothing out of the common course.

**CASE VII.**—Mrs. B., first labor. The labor was natural, and there was nothing peculiar about it, except a partial rupture of the perineum; an accident, which, I apprehend, is more common than is generally known or admitted. Six hours after delivery, having been very comfortable in the meantime, without any premonitory symptoms, she had a violent convulsion, lasting ten minutes. When I saw her, soon after, she had recovered her consciousness, but complained of pain in the head and dizziness. Febrile symptoms were slight. She had eaten heartily of minced pie and similar food, the evening before, "thinking it," as she said, "to be her last chance for some time to come." Ten grains of calomel were given, to be followed in three hours by a tablespoonful of the aqueous extract of senna. The medicine operated freely, and there was no farther serious trouble.

I regret that the condition of the urine was not examined in the above cases. I can only say, in explanation, that most of them occurred before my attention was particularly directed to the connection between albuminuria and some forms of this disease. Puerperal convulsions, connected with the presence of albumen in the urine, are supposed to depend on the circulation of vitiated blood in the vessels supplying the nervous centres; the blood-poisoning consisting chiefly in the retention of urea in the blood, and in the loss of a portion of its albuminous portion. In these cases, there are said to be marked oedema and pallor, and, during pregnancy, there will have been headache, lumbar pain, and general pyrexia. The cases which I have seen did not correspond, in their symptoms, with those in which the convulsions are supposed to be of an uremic character; and, in the only instance in which the urine was tested, no albumen was found.

It remains to give a brief summary of the results of treatment in the above cases.

There seems to be a class of cases over which medical treatment has little or no influence. Case I. is of this description. A few weeks since, I saw, by invitation of a medical friend, a case strongly resembling it in most particulars, in which all the usual remedies were applied in succession, but without producing the slightest good effect. The child was delivered after perforation, and the woman soon after died. Such cases usually prove fatal,

whatever treatment be employed. One peculiarity, in each of these cases, in addition to the severity and continuance of the convulsions, was entire unconsciousness from the beginning.

Venesection is universally recommended in all the treatises upon this disease I have ever read. Denman took forty ounces of blood; Blundell, seventy; and so on. Bleeding, to a greater or less extent, was practised in five out of the seven cases, which I have reported. I am forced to say that I could not discover, in either case, that it did the slightest good. It may have been useful as preliminary to other remedies; but its immediate effects were not perceptibly beneficial in the slightest degree.

Leeches were applied to the head in two cases. In one, they did no good; in the other, they were used in connection with other remedies, so that it was not easy to form a decided opinion whether they were of use or not.

Purgatives and enemata seemed to be indicated and to be useful. They were given, one or both, in all my cases; in one case, a good cathartic was all that was required. Every physician knows, to his sorrow, that the bowels are very apt to be in a costive condition at the time of labor, and such a condition will be very apt to aggravate, if it do not occasion, convulsions.

Antispasmodics, particularly assafœtida, alone or combined with opiates, have proved serviceable. They were given after depletion. In three cases, they appeared to quiet the patient; in one case, an injection of assafœtida with laudanum did more good than anything else.

A solution of tartarized antimony was used in two cases, but without any benefit.

Iced water to the head, and rubefacients to the back of the neck and to the extremities, were used in nearly all the cases. These can do no harm, and probably they do some good.

But of all the remedies used in this disease, the inhalation of ether or chloroform seems the most efficacious. It was used in all my cases except two (the first and the last described). The first occurred before the days of ether inhalation, and, in the last, it was unnecessary. In two cases, it controlled the convulsions completely, acting almost like magic; in the others, I think it did good. I cannot speak of the comparative merits of ether and chloroform; but, on general principles, I should prefer ether.

A communication appeared in the Boston Medical and Surgical Journal, a year or two since, recommending tincture of stramonium in half-ounce doses in this disease. I have never tried this remedy, feeling a strong reluctance to administer any medicine in such a manner, that, in case of death, it might be doubtful whether the fatal result were owing to the disease or to the treatment.

PECULIAR FORM OF SPINA BIFIDA, WITH IMPERFORATION OF  
THE DUODENUM AND RECTUM.

[Communicated for the Boston Medical and Surgical Journal.]

BY J. B. S. JACKSON, M.D.

THE subject of the above malformations was received a few weeks ago from Dr. James W. Robbins, of Uxbridge; and in connection with the case, the following communication, essentially, was made to the Boston Society for Medical Improvement. It was a new-born child, and born apparently at the full period; presenting by the arm, it was turned, and lived about half an hour after its birth. The mother had previously had three well-formed children.

Externally, the penis was quite deficient, and the urethra terminated beneath it and at some distance from its extremity. Over the lower portion of the sacrum was a soft, fleshy excrescence, about half as large as a nutmeg, of a flattened form, and covered by healthy skin. Otherwise well.

The stomach was quite large, and distended. The duodenum terminated in a perfect cul de sac just before the bile duct opened into it, and was distended to the size of a large nutmeg. The intestine, proper, commenced almost at once, and was in no way remarkable except at its lower termination. The rectum opened into the bladder at its fundus, with which it was intimately connected; it then tapered off to a small extremity like an appendix cæci, this terminating portion being about three-fourths of an inch in length, and standing off from the line of the bladder and rectum at a right angle. The bladder was exceedingly small; and the urethra so small, that though the bladder was once, and once only, inflated from it from without, several unsuccessful attempts were made to force air through it by inflating the bladder from the rectum. The right testicle was in the scrotum and the left in the abdomen. Something was also found which it was thought at the time (but erroneously, as the microscope afterward showed) might be an imperfectly developed third testicle, the vas deferens of which joined that of the left testicle about midway. Over the front of the sacrum were two thin, but firm, rounded, well-defined cysts, each one third of an inch or more in diameter; they lay side by side, but the cavities did not communicate, nor were they connected with the neighboring parts except by cellular tissue; these contained apparently a thin serous fluid. The left jugular and subclavian veins formed a trunk that passed down behind and in close connection with the left auricle, and opened into that upon the right side. Otherwise, nothing unusual was observed in the internal organs. The bladder was small, but the kidneys were about as large as usual. Cavity of the pelvis small.

The cutaneous excrescence above referred to, though apparently a small affair, was quite interesting. On removing the surrounding integuments from the parts beneath, a short, rounded, firm,

fibrous-looking cord was seen to run from the excrescence to the termination of the spinal canal. This canal being laid open from behind, it was found that the spinal marrow was continued in substance downward, and nearly or quite through the sacrum, as it is continued down to the sac in a common case of *spina bifida* when the malformation is below where the *cauda equina* is usually formed. A small probe passed downward, within the theca, could not be made to enter the cord that seemed to connect the parts within the spinal canal with the cutaneous excrescence. As usually happens in these cases, the posterior laminæ of the last sacral vertebræ were irregularly developed.

In connection with this affection of the spine, I wish to refer to the report of two similar cases in the London *Medical Times and Gazette* (April 17, 1857), in each of which the external tumor, which was of some size, was successfully removed. The writer remarks upon them as "two examples of a condition of things of which, as far as we are aware, no other instances are on record." In the same Journal for April 25th, however, another case is given.

I can hardly believe in the great rarity of this malformation, notwithstanding the remark above quoted, and the fact that it certainly has not been noticed in general treatises, so far as I am aware. During a visit to Europe in 1851, I saw several specimens of this affection, as I regarded them, and of which I made memoranda. One was in the museum at St. George's Hospital, London; finely dissected, and showing the spinal marrow running down in substance into the sac; and in the same museum was a second specimen, unless there was some error in my notes. In the museum of the College of Surgeons, London, is one in an adult subject. In the Hospital Museum at Vienna is a tumor over the back of the sacrum of a new-born child, and which I supposed to be a case of the same kind, though this view of it was not alluded to in the catalogue. At Prague a specimen was seen, and I had some conversation upon the subject with Prof. Engel, to whom the idea of this form of *spina bifida* was new. At Bologna is a dried foetal skeleton; a cyst, nearly as large as the two fists, arises from the back of the pelvis, and is marked as a subcutaneous encysted tumor. Lastly, in the Hospital Museum at Venice is a solid looking tumor, as large as the head of an adult, and projecting from the back of the pelvis of a nine months foetus.

In addition to the above, I have seen the following cases here; and several of them have been seen by different members of the Society:—

1st. A healthy little girl, partially paralyzed; the tumor looked like a female breast, and a cast was taken of it for the Society's Cabinet (850), in 1845. She is now 18 years of age, and has been able to exercise pretty freely about the city; but for the last few months has been suffering from a pulmonary affection, that her physician, Dr. C. E. Ware, thinks may perhaps terminate in consumption.

2d. An infant, 14 months old, under the care of the late Dr. H. G. Wiley. The tumor was the perfect counterpart of the first case, but there was more paralysis. It died of diarrhoea, in 1843. I examined it after death, and the parts are preserved in the Society's Cabinet (801 and 1223). The spinal membranes expanded into a sac of considerable size, and the spinal marrow was continued down in substance to it. Sacral vertebrae malformed.

3d. In 1846, I received a seven months' foetus, from Dr. D. H. Storer, and dissected it for the Society's Cabinet (802). This case must have resembled the one seen at Bologna. Instead of a solid tumor, a cyst was found, lined by a polished and vascular membrane, and containing, though by no means distended, ten ounces of serum. The spinal marrow terminated just within an opening upon the inner surface of the cyst. Various other malformations also existed.

4th. A girl, *æt.* 17, entered the Massachusetts General Hospital, April 3d, 1849, under the care of Dr. J. M. Warren. "The original tumor, directly over the spine (last lumbar vertebra and sacrum), is about as large as a medium-sized apple, is soft and fluctuating, and protected by a thick and tough skin. The second extends from the right side, is about as large as the other, and perfectly solid." I made no record of this case; and, unfortunately, it is not stated in the Hospital Records, from which the above quotation is made, whether there was paralysis; but this last, to some extent, at least, may be inferred from the fact that one of her feet began to turn in when she first began to walk, the other subsequently, and that the deformity was very great when she was seen at the Hospital. The left foot was much diseased, and amputation was performed by Dr. W.

5th. In 1852 I examined, for Dr. J. Homans, a case of extroversion of the bladder with other malformations, in a new-born infant. The tumor of the sacrum was divided into two portions, one of which was half as large as a small orange, and the other equal to a large nutmeg. These communicated freely, contained some ounces of clear serum, and were lined by a serous membrane, between which and the skin that covered them, was a loose cellular tissue, but no fat. Through an opening upon the inner surface of the cyst, a probe was passed upward into the spinal canal; and, the wings of the sacral vertebrae having been cut away, the spinal marrow was found to pass in substance down to the cyst. This case was published in the *American Journal of the Medical Sciences*, January, 1853.

6th. A healthy-looking little girl, *æt.* 2½ years, under the care of Dr. E. D. G. Palmer. The tumor was nearly or quite half as large as an adult fist, and mostly covered by healthy skin; but from it there arose a mass about the size of a nutmeg, and pretty well defined, of a bright red color, excoriated upon the surface, and having a soft and fluctuating look, as if from a protrusion of

the spinal membranes, though it was quite fleshy to the feel. At another part of the tumor a sort of nævus was seen. The paralysis was very marked, though the child could walk about the room, with the aid of the chairs. The case was published in the Boston Medical and Surgical Journal, May 17th, 1855, and a cast of the tumor, taken for Dr. P. when the child was seven months old, was presented by him to the Society (Cabinet, No. 1284).

7th. A healthy-looking little child, with a solid tumor over the sacrum, and slight paralysis; this case I saw two or three years ago, but made no record of it.

8th. A woman, æt. 23, from St. Albans, Vt., and a patient of Dr. J. L. Chandler. The case was published in this JOURNAL, Feb. 22d, 1855, and with it was given a summary of the four first cases above reported. A cast of the tumor, which was very large and ill defined, is in the Cabinet of the Medical College (1681). The paralysis was considerable, and the feet were much deformed, as in the fourth case; but the general health was good. Recently, I have received a letter from this patient, in which she says that in October, 1857, she fell backward from a horse, struck upon the tumor, and suffered severely in consequence. She is now, however, much better, and the tumor much reduced in size, though still considerably larger than before the accident.

9th. Within a few weeks I have seen, with Dr. Geo. Bartlett, a little girl two years and five months old, in whom the tumor is about one half as large as the patient's head. For the most part the skin is sound, and the mass solid to the feel. To a considerable extent, however, the surface is red and uneven, and the integument inflamed, and so it has been more or less from birth. There is no excoriation of the surface, but a few dry scabs show where there has recently been a discharge, which not infrequently takes place. This discharge is generally purulent, and has sometimes amounted to one or two drachms, but it has never been serous, as if from the spinal canal. Some parts of this red surface are soft, and it has once been punctured, but nothing of any consequence was discharged. In this case there has never been any paralysis.

Dr. Robbins's case, the report of which has led to the above details, makes the tenth and last that I have seen; a sufficient number, certainly, to justify the remark above made, that here at least this variety of malformation is not very rare.

I have always regarded this affection as a form of spina bifida; though I would not undertake to explain why it is that the integument is generally so sound, and the fat so developed beneath it, when the malformation affects the sacral region. I have only once (Dr. H. J. Bigelow's case) seen the healthy skin continued over the tumor when the spina bifida was in the lumbar or dorsal region.

The general characters of this class of cases, as above observed,

may perhaps require some notice. The tumor over the sacrum is congenital, and grows with the subject. The skin and integument are generally healthy, and the whole mass is about as fleshy to the feel and as defined as the female breast. The size varies very much, from a mere excrescence (Case 10) to a very large size. When the skin and integument is imperfectly developed, it is so to a small extent only, in comparison with the whole surface of the tumor. The dilatation of the spinal membranes may be very great, as in the third, the fifth, and in one of the foreign cases; but it is probably and generally very inconsiderable, judging from the feel of the tumor. The spinal marrow is continued down to the sac, so far as dissections have been made; and the sacral vertebrae are probably more or less imperfectly and irregularly developed. The subject, if otherwise well formed, may live to the adult age, but with more or less paralysis; in the ninth case, however, which might be regarded as a formidable one, from the size of the tumor and from the inflammation to a considerable extent of the integuments, this last symptom was wanting.

A very important question arises as to the treatment of these cases. In one of the above, an eminent surgeon proposed to remove the tumor, having probably no idea of its nature and anatomical relations. The patient was thought to have had a narrow escape; and yet when we consider the result of the operation in the two cases reported in the London journal, as above quoted, the fact that the tumor generally grows with the patient, so that in adult life it might get to be very large; and, further, the comparatively small size of the expanded spinal membranes in the large majority of cases, judging from the feeling of the tumor, it would seem very desirable to remove the mass, and possibly the greater part of it might be cut away without opening the spinal cavity. The solid tumor about this cavity probably gives it support, and tends to prevent its enlargement; but support might be given by some artificial means. An opening into the cavity might bring on inflammation that would extend along the spinal and even to the cerebral membranes. In one of the London cases, however, above quoted, and which occurred at the Hospital for Children, the tumor was excised, without the operator seeming to have thought of the spine, and yet the patient did well.

An apology may be necessary for re-publishing some of the above cases which are already in print; but, as so many have now accumulated, I have thought it best to present the whole in a body, and at the same time refer to European specimens, which may be examined by the correspondent of the London *Medical Times and Gazette*, or any others who may feel an interest in the subject.

November 24th, 1858.

## Bibliographical Notices.

*Etudes sur la Monorchidie et la Cryptorchidie chez l'homme.* Par M. ERNEST GODARD. Extrait des Mémoires de la Société de Biologie. Paris: 1857. Pp. 149. Illustrated.

The monograph with the above title is an exhaustive compendium of what has been written on the subject to which it refers, and comprises in addition a large amount of original matter based upon the observation of a great number of facts and cases. It is handsomely printed, and illustrated in a manner beyond all criticism.

The malformation of which it treats is familiar to every medical man, and important anatomically, practically and medico-legally. The method and causes of the testicles' descent are yet but imperfectly understood, and in the outset M. Godard plainly and intelligently discusses the vexed questions of the *gubernaculum*, what it is, the nature of its insertions and their uses; its identity with the *cremaster*, as maintained by *Curling* and denied by *Carus* and *Cloquet*; its anomalies and mal-insertions and their consequences, as well as the modifications which the *processus vaginalis* undergoes, and the manner of its obliteration.

Testicular dislocation presents a variety of forms, and the displaced gland may be found within the abdominal cavity, in the inguinal canal, the crural canal, the fold between the scrotum and the thigh, and in the perineum. M. Godard applies the term *monorchidies* to those individuals in whom one testicle has alone descended, and *cryptorchidies* to those neither of whose testicles are to be found within the scrotum. This latter condition, abnormal in man, is the natural one of many animals, and each of the varieties of displacement above mentioned finds an analogue in some one of the species of the lower orders: thus, inguinal inclusion is natural to the beaver, the llama and the camel; perineal to the boar; cruro-scrotal to the quadruped, except the chimpanzee and the orang; and abdominal to the elephant and rhinoceros. In many animals, during the rutting season, the testicles either ascend to, or descend from the abdominal cavity, for man, with the exception of the chimpanzee, presents the only instance in which the *processus vaginalis* becomes obliterated.

Among the causes of arrest in the migration of the testicles, "errors of diagnosis" are mentioned; the following paragraph, which we quote entire, must be familiar in its facts to many, and especially to dispensary surgeons.

"The arrest of the testicle within the abdomen or inguinal canal is frequently owing to an error of diagnosis, made sometimes by the surgeon, but oftener by the truss-maker. A child, with a movable and reducible tumor in the inguinal region, displaced by exertions or by the act of coughing, is carried to the shop of a truss-maker, who, without looking to see whether the scrotum contains the testicles, diagnosticates a hernia and applies a truss. Or, if the tumor is reduced, the delighted parents never dream that they have deprived their child, perhaps forever, of one of his testicles. Or, again, and perhaps it is the most fortunate occurrence of the two, the tumor becomes intolerably painful under the compression of the truss, and the poor victim is carried to a surgeon, who takes off the apparatus, and the testicle then descends to its destined position. On the other hand, the

truss may have obliterated the ring, or the testicle compressed and becoming inflamed, or adherent to the inguinal canal, the patient is fortunate to escape with one testicle left sound and the other degenerated."

The absence of the tunica vaginalis in monorchides and cryptorchides, except when the dislocation is owing to retraction, and the bearing of this fact upon the anatomy of hernia; the possible occurrence of inguinal or perineal hydrocele; the liability of mistaking an inflamed inguinal testicle for a bubo or a strangulated hernia (as has been done, and an operation performed), or an inflamed perineal one for an abscess (as happened to Ricord), are points illustrated by cases, and discussed in all their details.

M. Godard thinks nothing should be left undone to bring the testicle, if within the inguinal canal, outside of the external abdominal ring; if within the abdomen, it had better be left alone, as it is not then liable to the accidents which may occur while it lies in some of its other possible positions. The dilatation of the processus vaginalis by the slow descent of the testicle, renders hernia so frequent a complication, that the course to be pursued must depend much upon the nature of each individual case and the judgment of the surgeon. Exercise and gymnastics are to be tried, with the greatest discretion, and pressure and manipulations, whilst they may succeed in one case, may only do mischief in another. Even if the gland is brought down, the cremaster has a constant tendency to drag it back again; and the application of a truss under these circumstances is a constant source of difficulty, from its compression of the vessels. In some cases, the testicle may be pushed back within the abdomen. Although it is perfectly evident what it is desirable to do, the method of its accomplishment is anything but apparent.

Bartholinus says that the testicles are placed outside the belly, "ob castitatem, si Aristotili credimus, nam animalia quae testes habent abditos intus in corpore saliciora sunt, saepius coeunt, pluros fetus gignunt." A long enumeration of authorities is given, to show the disagreement which exists as to whether cryptorchides and monorchides are capable of procreation. M. Godard's conclusions are as follows:—

Monorchides, in whom the descended testicle is healthy, are perfectly capable of reproduction; nothing betrays their infirmity; they are as vigorous as other men, excepting that occasionally the malformation has an unfortunate moral effect. The undescended testicle always undergoes fatty and fibrous degeneration, and is incapable of secreting spermatozoa. The vesicula seminalis of the corresponding side becomes atrophied.

Cryptorchides, whose testicles, although developed, have imperfectly descended, are capable of erections, but ejaculate a seminal fluid void of spermatozoa, and cannot beget children. Those whose testicles are imperfectly developed on the two sides, and in whom the *vas deferens* alone has descended, may occasionally have erections, but never ejaculate. As to the propriety of marriage on the part of cryptorchides, he says, "if it is forbidden to them because of their sterility, it must also be forbidden to a large number of individuals who are in a position equally unfortunate, though both their testicles be found within their scrotum."

The above is but a partial sketch of the topics of interest treated

of in this essay ; but more than enough, perhaps, to call attention to it. The practical questions connected with these malformations well deserve special study. The treatise of Curling, whilst it contains most of the facts collected by Godard, necessarily omits the details and cases which the latter has so lavishly provided in an essay which, from its own merits and the importance of its subject, would well bear translation. It is worth reading merely from the interest of many of the topics it discusses, and the physician who has it in his library will find it, as a book of reference, not the least used of his collection.

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*Illustrations of Typhus Fever in Great Britain, &c. &c.* By J. B. UPHAM, M.D., formerly Assistant Physician to the Hospitals connected with the House of Industry at South Boston and Deer Island. Boston : David Clapp, 184 Washington St. Pp. 46.

This volume consists of the communications lately published by the author in the pages of this JOURNAL. They are now collected into a thin, very neatly-bound octavo, and constitute a very valuable *répertoire* of facts.

A former work by Dr. Upham upon the subject of Fever, is doubtless fresh in the memory of practitioners here ; and has deservedly attracted much attention elsewhere in this country, and abroad. The author briefly alludes to this forerunner of the present work—in its completed form it gave us "examples of the fever in all its different degrees of intensity, and with the varying phases, complications and sequelæ manifested in the epidemic in question"—viz., that which was closely observed by Dr. Upham, ten years since, at the hospitals at South Boston and Deer Island.

Since then, the author has enjoyed unusually favorable opportunities for watching the disease, and he has thoroughly and zealously improved them. This volume is evidently not the product of a few strolling perambulations of fever hospitals, but the result of a study and examination of this dangerous and contagious malady, the chance to obtain which observation was courageously sought. Dr. Upham entered the London Fever Hospital "for a brief period, as a student of fever, carefully noting" what he "saw of the disease, in as many cases as it was possible to follow up," and he learned incidentally, by the best means at his command, the previous history and condition of each patient.

Every facility was placed at his disposal for the attainment of the end in view ; and the recital of the kind and polite attentions thus afforded him, which we have heard from his own lips, proves the readiness with which his intentions were seconded, and the generous freedom allowed him in making his observations. This course is at once unusual and highly creditable to the physicians of the Hospital above-mentioned ; and is all the more noticeable from the fact that the recipient of these favors was a foreigner.

Dr. Upham pays an especial tribute to Dr. W. H. O. Sankey, by dedicating the volume to him ; and elsewhere mentions, particularly, the obligations under which he considers himself to him.

Drs. Tweedie and Southwood Smith had charge of patients whose cases were examined and recorded by Dr. Upham.

The account of Fever thus given us is especially valuable as presenting a comparative view of the disease in its native localities and

in "its manifestations and habits here *as an exotic* ;" and it is drawn up with such minuteness and carefulness of detail, that it must always be a valuable source for reference. It is highly creditable to the author, and affords abundant proof of his industry in collecting facts ; his courage in confronting a disease usually met with some shrinking, even by those whose imperative duty requires them to encounter it ; his accuracy in noting the phenomena of the affection, and his lucid generalization of the observations accumulated.

The importance of hygienic regulations—and especially of free and well-regulated ventilation—no less in the prevention than in the treatment of fever, is well demonstrated in these pages. When we contrast the enlightened management of the present day with that which many of us can remember, and all have heard of, it recalls to our mind those striking lines of Praed, which so well express the blessing of one "ready to perish" for want of light and air. What is so graphically told of his "Vicar," should hereafter be predicated of every physician who realizes the blessings of hygienic measures in the treatment of disease. The italics are ours.

"At his approach complaint grew mild ;  
And when his hand unbarred the shutter,  
The clammy lips of Fever smiled  
The welcome which they could not utter."

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*A System of Human Anatomy, General and Special.* By ERASmus WILSON, F.R.S. A new and improved American, from an enlarged London edition. Edited by WILLIAM H. GOBRECHT, M.D., Professor of Anatomy in the Philadelphia College of Medicine. With three hundred and ninety-seven Illustrations on wood. Philadelphia : Blanchard & Lea. 1858. 8vo. Pp. 616.

THE strenuous endeavors of author, editor and publishers to render this work the best practical treatise on Human Anatomy, was never more evident than in the present edition, which far surpasses all the previous ones in completeness, in accuracy, and in the beauty and number of the illustrations. The former editor, Dr. GODDARD, being prevented from taking farther charge of it, it has been placed in the hands of Dr. Gobrecht, who has made large additions, including an introductory chapter of a general nature, and suited to the wants of the student, and about one hundred and thirty illustrations, besides many notes. It is thus the best work in the English, and we believe we may say, in any language, for the use of the student of anatomy. In point of mechanical execution, also, this book reflects great credit on all concerned in its production. The letter-press is excellent, and the engravings are beautifully done, particularly those added by the American editor. We are pleased to notice in the author's preface an acknowledgment of the liberality of the American publishers, who have forwarded to Mr. Wilson a pecuniary compensation for the profits derived from its republication.

No medical student, and few practitioners, can afford to be without Wilson's Anatomy.

For sale in Boston by Ticknor & Fields.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 2, 1858.

## SANITARY CONDITION OF NEW YORK.

THE sanitary condition of the city of New York calls loudly for reform. Indeed, matters must be in a deplorable condition when we may read in the daily papers an advertisement calling upon the occupants of houses and shops on Broadway to contribute toward the expense of sweeping the street, the city authorities having utterly neglected to have it done. During the last year there were 438 deaths from smallpox in that city, besides the cases imported and sent to the Marine Hospital, while in Boston there was not a single fatal case. During the last eleven years there were 50,000 cases and 5,000 deaths by it. The ratio of deaths from all diseases to the population is one to 27, the proportion in London being one to 42.

It would seem that this unfortunate state of things is mainly owing to the want of an efficient health department. Sanitary matters have hitherto been managed by a City Inspector and twenty-two Health-Wardens, none of whom are medical men. The health of the metropolis is entrusted to the hands of confectioners, grocers, carmen, clerks, and other citizens, all very respectable men, no doubt, but probably not much more conversant with the science of health than so many North American Indians. In commenting upon this state of affairs, the *New York Times* says, "the heads of families see in it the necessity, now become absolute, of removing their children of a tender age into other places during the summer. Real estate owners complain that the value of town lots is depreciated. The medical profession protest that it is a reproach upon their skill. Thoughtful lovers of their race say it is a wicked waste of human life. At last the grievance has become so urgent that last week there was a spontaneous gathering of physicians—men the most sensitive in the community to any charge of meddling, either as a class or singly, in local or political matters, to talk it over, and suggest a remedy. They consulted freely, and unanimously agreed that the least they could do in self-defence and for humanity's sake was to ask that hereafter the head of the Health Department and his deputies should be men of some acquaintance with the laws that regulate health and disease; that public medical matters should be entrusted to medical men."

We earnestly hope that this suggestion will be adopted. The good effects of such an arrangement are obvious in Boston, the health of which, under the supervision of the City Physician, compares most favorably with that of any other city. Our streets are kept clean, our sewers are generally in good order, cellars and dwellings are as free from filth as can be reasonably expected, nuisances are abated, vaccination is universally performed, and the importation of contagious disease is prevented by rational quarantine regulations. The consequence is that we have been almost free from epidemics for years; smallpox is unknown, the standard of health is raised, and the ratio of mortality is diminished, being only one in 42.95 for the past year. To quote from the last Report of the City Registrar, "Compared with

New York, Boston presents a striking contrast. While the former city has a population only about four and a quarter times larger than that of the latter, its mortality is nearly six times larger. The cause of this disparity is not to be sought for, certainly, in any advantages that Boston may be supposed to possess in the way of location; for it would be difficult to imagine a city more favorably situated than New York, flanked by two noble rivers running its entire length, affording facilities for drainage unsurpassed by those of any other city. The favorable contrast which Boston presents to her sister city is undoubtedly mainly owing to the excellence of its sanitary police. The efficiency of this system is seen in the yearly diminution of the mortality, and in the almost total absence of epidemic diseases."

The *Times* suggests that competent men could be found among the dispensary physicians to inspect the sanitary condition of the city. Their familiarity with the habitations of the poor would be of great benefit in exposing the sources of disease which are susceptible of removal, and at least of removing that unnecessary scourge, smallpox, by thorough and efficient vaccination. The moderate compensation which these young men would receive would be an acceptable, though most inadequate remuneration for all the services which they are ever ready to bestow upon the suffering and needy.

As we look with pride on the excellent sanitary condition of our city, we hope the time is far distant when mere political aspirants shall fill those most important offices on which depend the health and lives of our citizens. So long as their incumbents are practically acquainted with sanitary laws, we are safe; but if the municipal government, like that of the Commonwealth, should appoint to such responsible stations men who, whatever their qualifications may be in other respects, are unfitted by education and profession for the discharge of their duties, we must expect to see Boston ravaged by epidemic disease, notorious for its high mortality, and deserted by all who can avoid it as a place of residence.

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#### INVERSION OF THE UTERUS.

A CASE of this rare accident is reported in the Montreal *Medical Chronicle*, by Dr. F. S. Verity, of Hemingford, Canada East. The patient was 40 years of age, and had had nine children. The child was suddenly born while the mother was walking about the room, and fell to the floor, without being materially hurt. Inversion of the uterus immediately followed—whether in consequence of the sudden jerk upon the placenta by the falling child, or from its own irregular contraction, it is not easy to say from the report. Probably both causes may have been in operation at the same time. The loss of blood was very great, and the patient seemed dying when Dr. Verity arrived. After trying in vain to reduce the organ with the placenta attached, he determined to remove the latter, and found to his satisfaction that he was able to restore the womb to its proper position, by making firm pressure on the fundus. The patient did perfectly well until the third day, when she sat up in bed to change her night-dress. After complaining of vertigo, she fell back on her pillow and expired, probably from syncope.

Dr. Verity supposes that by his method of reducing the uterus, he violated two rules of fundamental importance; first, in removing the placenta before the reduction, and second, in re-inverting the uterus

by making pressure on the fundus, instead of returning first the parts last prolapsed. The fact is, however, authorities are very much divided on these points, and although the preponderance is in favor of not removing the placenta first, yet the majority is not a large one. Dewees admits that it may sometimes be necessary to separate the after-birth before reduction can be effected, and Churchill inclines to this procedure. Kiwisch says: "most authorities agree that in recent inversion, when the placenta is adherent firmly, or to a great extent, the uterus should be returned without delay to its place, before removing the after-birth; but in those cases, on the contrary, where the placenta is partially detached, and not firmly adherent, or where the constriction of the cervix uteri offers too great an impediment to the reduction of both together, the after-birth should be previously removed." No invariable rule can therefore be given, but we believe that in most cases the bulk of the placenta will prove so great an obstacle to the efforts of the operator that he will be compelled to remove it. It does not seem probable that the haemorrhage will be increased by this procedure; on the contrary, the tendency of the womb is to contract after the separation of the placenta, its vessels will become closed, and the organ will be more easily re-inverted than before.

As to the method of performing the reduction, we apprehend that the best authorities recommend that pressure should be made on the fundus with the fingers, and continued until the contraction of the neck is overcome, when the organ will, in favorable cases, suddenly shoot back into its place. The uterine walls are usually in so flaccid a condition when this accident occurs, that the cervix does not offer a very powerful resistance to the efforts of the operator. Instead of the fingers, some writers recommend that a stick, or piece of whale-bone, guarded with a cushion at the end, should be employed, as a means of making pressure on the fundus, and Kiwisch cites a case in which a similar method was successfully tried after the uterus had been inverted four days, the pressure being kept up three days by means of a T bandage; and the womb was finally restored to its place.

In one respect, Dr. Verity's case is a most instructive one, as it shows the great danger of allowing a patient who has lost much blood to sit up. Had not the nurse acted most carelessly in permitting the woman to change her dress, the case would, in all probability, have had a favorable termination.

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*Expulsion of a Fellow from the Massachusetts Medical Society.*—At a Board of Trial, regularly appointed by the President of the Massachusetts Medical Society, and held at Lowell on the 15th September, Dr. Henry M. Hooke, of Lowell, was expelled from the Society in consequence of charges preferred against him by the Middlesex North District Medical Society, which were duly substantiated. The charges consisted in offering for sale secret remedies, in refusing to pay his dues to the Society, in frequent violations of the recognized Code of Medical Ethics, and other dishonorable and unprofessional conduct.

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Dr. William Burton has been elected governor of Delaware. The doctor is about 70 years of age, and practised in Milford in that State, about forty-five years. We learn that he has always been respected, both as a practitioner and a gentleman.—*Med. and Surg. Reporter.*

## TUBING THE LARYNX IN CROUP.

A NEW method of treating croup, when there is danger of asphyxia, has been proposed by M. Bouchut at a meeting of the French Academy of Medicine. The introduction of a tube through the glottis is recommended, instead of tracheotomy. The tube is from six to fifteen millimetres in diameter, and from eighteen to twenty-four in length. In order to fix it securely in the larynx, the vocal cords are placed between two projections, which prevent either the ascent or descent of the tube, which is further secured by silk cords to a collar about the neck. The tube is allowed to remain until the symptoms of asphyxia have disappeared.

It may excite astonishment that a part so sensitive as the larynx under ordinary circumstances, should tolerate the presence of such a body. Nevertheless, the tube is perfectly well borne, and interferes in no respect with the functions of the epiglottis. It is sufficiently short to disappear entirely in the larynx, its upper surface being on a level with the ventricles.

Bouchut has twice applied the tube at the Hospital St. Eugenie; once to a girl affected with diphtheritis of the ear and larynx, at a time when there was cyanosis and complete anaesthesia. It remained thirty-six hours in the larynx, which was freed from the false membrane. The patient, however, died of pneumonia, and the effect of the diphtheritic poison, but she was saved from asphyxia and tracheotomy.

The second case was that of a boy, 3 years old, affected with croup. At a time when asphyxia seemed imminent, the tube was introduced without difficulty, and remained forty-two hours, without interfering with the function of the epiglottis, or producing paroxysms of suffocation. He twice expectorated large tubular false membranes, which had formed in the bronchi. Gradually, however, the difficulty of breathing increased, and tracheotomy was performed.

From these two facts we may infer—

- 1st. That a metallic tube can be introduced and allowed to remain in the glottis.
- 2d. That by this simple and safe method we can introduce air as well as by tracheotomy, when there is danger of asphyxia in croup, or any other disease of the larynx.
- 3d. That after the prevention of the asphyxia, we can still treat the croup either locally or constitutionally.

*Wilful Murder.*—A verdict of "Wilful Murder" has been returned against two foreigners charged with causing the death of a young female, at Manchester, by lacerations of the vagina and uterus, accidentally inflicted in the attempt to procure abortion. The evidence against them was strong—nay, appeared to be conclusive; and the verdict was arrived at after very few minutes' consideration. The crime is one so peculiarly odious, and so fatal in its social influences, that it is a matter of peculiar satisfaction that justice has not been defeated, as it but too often is, in cases of this nature. There is no doubt that the crime of procuring abortion is habitually practised with impunity. It is known, moreover, that they are chiefly foreign adventurers who practise these infamous arts, and who find in them a degrading means of livelihood. It is a crime not less horrible in itself than dangerous in its consequences—one which calls for the severest punishment.—*London Lancet.*

*Belladonna as a means of arresting the Secretion of Milk.* By GEORGE S. HARDAWAY, M.D., Cold Spring, N. Y.—I have seen in several recent journals some notice of the external use of the extract of belladonna as a means of arresting the secretion of milk, but the number of cases reported do not seem sufficient to prove the efficacy of the agent.

In the lying-in wards of Bellevue Hospital it is a routine practice, though, like many of the practices which have been employed there for a long time, I expect no one knows by whom it was introduced. I used it in many cases during my connection with that Hospital, and have employed it in several since I left there, and I never knew it to fail, and this I think is the experience of the Hospital. We used the pure extract, softened it with water if necessary, smeared over the whole of the mamma. Used in this way, it arrested the secretion of milk in from twelve to thirty-six hours, though as I kept no account of the cases in which I used it, I cannot speak very positively as to the time required for its action. I have seen the ointment of belladonna used without doing any good.—*Nashville Journal of Medicine and Surgery.*

*A Botanic Libel.*—It is not for men to affix the stigma of poison upon a harmless berry. It will be remembered that a child died lately after eating various berries, and amongst them a quantity plucked from the mountain ash (*Pyrus Au-cuparia*.) The old confusion followed between *post* and *proper*, and the case was announced as one of poisoning by the berries of the mountain ash. These berries are absolutely harmless. We have received the vindication of their character from many quarters. We are told that in Sweden and Kamtschatka they are eaten freely; in Livonia they are converted into bread; in Russia, into lome or a sort of liqueur. These distant testimonials are fully confirmed by home evidence: they are freely eaten in Scotland and some parts of Wales, and are said to make an agreeable preserve, which has a good medicinal reputation. If, therefore, any medical botanist should have inscribed them on his black list, upon the evidence at the late inquest, he should lose no time in instituting the proceedings necessary to the restitution of their fair fame.—*London Lancet.*

*Electric Anæsthesia.*—MR. G. WAITE, in the *London Lancet* of October 2d, says:—

"A few years prior to the Great Exhibition of 1851, Mr. Laxton registered for me the right to patent the electro-galvanic current for surgical purposes, its usefulness having struck me when asked by patients to allow them to hold chains, consisting of the metallic combination of various galvanic elements, when undergoing dental operations. Subsequently, at the Great Exhibition, I exhibited a battery, with the chain and wires, ready for the dentist's use."

*Health of the City.*—The chief feature of interest in the mortality of last week is the preponderance of deaths among females, they numbering 40, to 29 males. Among them were three between 80 and 90 years of age, one aged 93, and one aged 100. The largest number of deaths, apart from those from phthisis, were from pneumonia and typhoid fever. There is much resemblance between the report of last week and that of the corresponding week of 1857, in which there were 67 deaths—16 from consumption, 7 from pneumonia, and 4 from typhoid fever.

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*MARRIED.*—In Deerfield, Mass., Dr. Wm. T. Hanna, of Peoria, Ill., to Miss Sylvia W. Hoyt, of Deerfield. —On the 2d ult., David Hough, M.D., of Alleghany County, Pa., to Miss Elizabeth Jane McCune, of Cumberland County.—9th ult., Dr. James McGarr, of Pittsburgh, Pa., to Miss Jennie, daughter of Dr. James Torrence, of Fayette Township, Alleghany County, Pa.—In Philadelphia, Nov. 14th, Thomas C. Williams, M.D., to Miss Matilda C. Binns, both of that city.

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*DIED.*—At Lancaster, Pa., Nov. 18th, Dr. J. C. Stanley, in the 53d year of his age.

*Deaths in Boston* for the week ending Saturday noon, November 27th, 69. Males, 29—Females, 40.—Apoplexy, 2—Inflammation of the brain, 1—burns, 1—cancer, 1—consumption, 18—convulsions, 1—croup, 3—cyanosis, 1—dysentery, 1—dropsey in the head, 2—infantile diseases, 6—typhoid fever, 4—scarlet fever, 3—disease of the heart, 3—disease of the hip, 1—Inflammation of the lungs, 5—congestion of the lungs, 1—disease of the liver, 2—old age, 5—pleurisy, 2—sore throat, 1—teething, 2—thrush, 1—unknown, 3—whooping cough, 1.

Under 5 years, 22—between 5 and 20 years, 7—between 20 and 40 years, 14—between 40 and 60 years, 11—above 60 years, 15. Born in the United States, 39—Ireland, 25—other places, 5.